



THOMAS L. GARTHWAITE, M.D.
Director and Chief Medical Officer

FRED LEAF
Chief Operating Officer

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
313 N. Figueroa, Los Angeles, CA 90012
(213) 240-8101

BOARD OF SUPERVISORS

Gloria Molina
First District

Yvonne Brathwaite Burke
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

May 5, 2005

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**ACCEPT NOTICE OF GRANT AWARD FOR FEDERAL COMPREHENSIVE AIDS
RESOURCES EMERGENCY (CARE) ACT TITLE I YEAR 15**
(All Districts) (3 Votes)

IT IS RECOMMENDED THAT YOUR BOARD:

1. Delegate authority to the Director of Health Services, or his designee, to accept the attached Notice of Grant Award (NGA) No. 2 H89 HA 00016-15-00 (Exhibit I) from the U.S. Health Resources and Services Administration (HRSA) for Ryan White Comprehensive AIDS Resources Emergency (CARE) Act Title I Year 15 funding, further described in Attachment A, in the amount of \$36,834,089 for the period of March 1, 2005 through February 28, 2006.
2. Delegate authority to the Director of Health Services, or his designee, to accept amendments substantially similar to the HRSA CARE Act Title I Year 15 award, which do not exceed 25% of the total amount of the grant award, following review and approval by County Counsel and notification to the Board offices.

PURPOSE/JUSTIFICATION OF THE RECOMMENDED ACTION:

In approving these actions, the Board is:

- Authorizing the Director of Health Services or his designee to accept Federal HRSA CARE Act Year 15 funds under Title I which are awarded directly to Los Angeles County as one of the eligible metropolitan areas hardest hit by the AIDS epidemic.

- Delegating authority to the Director of Health Services, or his designee, to accept amendments to the HRSA CARE Act Title I Year 15 award.

Acceptance of the HRSA CARE Act Title I Year 15 funds will extend contract funding for agreements previously approved by the Board on February 15, 2005 and ensure the continuation of Countywide HIV/AIDS services through February 28, 2006.

FISCAL IMPACT/FINANCING:

The total program cost is \$36,834,089 which is 100% offset with HRSA CARE Act Title I Year 15 funds, an increase in funding of \$189,968 from the previously budgeted amount of \$36,644,121. Funding is included in the Fiscal Year (FY) 2004-05 Adopted Budget and is included in the FY 2005-06 Proposed Budget and will be requested in subsequent fiscal years. Acceptance of the NGA will not increase net County cost.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS:

The CARE Act of 1990 authorized grants for the planning, administration, and delivery of quality services to people with HIV disease. Since April 1991, the Board has accepted in excess of \$364 million in CARE Act grant awards. In addition, the Board has taken a number of actions to expend the grant funds, primarily through contracts with medical and community-based providers.

DHS will advise the Board of the acceptance of any amendments that augment the award within 30 days of receipt.

Attachment A and Exhibit I provide additional information. Attachment B is the Grant Management Statement for grants exceeding \$100,000.

County Counsel has reviewed and approved the NGA (Exhibit I) as to form.

CONTRACTING PROCESS:

Not applicable.

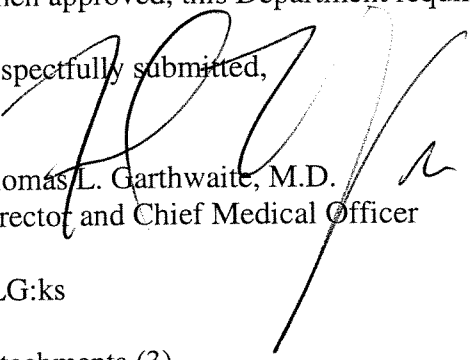
IMPACT ON CURRENT SERVICES (OR PROJECT):

The grant funds awarded to the County will ensure the continuation of the care and treatment services vital to Los Angeles County residents with HIV/AIDS.

The Honorable Board of Supervisors
May 5, 2005
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When approved, this Department requires three signed copies of the Board's action.

Respectfully submitted,



Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

TLG:ks

Attachments (3)

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors

SUMMARY OF NOTICE OF GRANT AWARD**HRSA CARE ACT TITLE I, YEAR 15 GRANT NO. 2 H89 HA 00016-15-00**1. **TITLE OF PROJECT:**

HIV Emergency Relief Project Program: Ryan White CARE Act Title I Grant Award

2. **AGENCY ADDRESS AND CONTACT PERSON:**

Health Resources and Services Administration
 Bureau of Health Resources Development
 Office of Grants Management
 5600 Fishers Lane, Room 11-11
 Rockville, Maryland 20857-0001
 Attention: Susan Flickinger, Grants Management Officer
 Telephone: (301) 443-3445

3. **TERM:**

Project Period: April 4, 1991 through February 28, 2006
 Budget Period: March 1, 2005 through February 28, 2006

3. **FINANCIAL INFORMATION:**

Amount of Financial Assistance:	(NGA) No. 2 H89 HA 00016-15-00	<u>\$36,834,089</u>
	YEAR 15 TOTAL:	\$36,834,089

4. **GEOGRAPHIC AREA TO BE SERVED:**

Countywide

5. **ACCOUNTABLE FOR MONITORING AND EVALUATION:**

Charles L. Henry, Director, Office of AIDS Programs and Policy

6. **APPROVALS:**

Office of AIDS Programs and Policy:	Charles L. Henry, Director
Public Health (Programs and Services):	John F. Schunhoff, Ph.D., Chief of Operations
Contracts and Grants Division:	Cara O'Neill, Chief
County Counsel (review):	Allison Morse, Deputy County Counsel

**Los Angeles County Chief Administrative Office
Grant Management Statement for Grants Exceeding \$100,000**


Department: Health Services

Grant Project Title and Description		
HIV Emergency Relief Project: HIV/AIDS-related care and treatment services		
Funding Agency	Program (Fed. Grant #/State Bill or Code #)	Grant Acceptance Deadline
HRSA	Grant No. 2 H89 HA 00016-15-00	None

Total Amount of Grant Funding: \$36,834,089		County Match Requirements Yes**	
Grant Period: 04/04/91	Begin Date: 03/01/05	End Date: 02/28/06	
Number of Personnel Hired Under this Grant: 64*		Full Time 64	Part Time
<p align="center"><u>Obligations Imposed on the County When the Grant Expires</u></p>			
Will all personnel hired for this program be informed this is a grant funded program?		Yes <u>X</u>	No <u> </u>
Will all personnel hired for this program be placed on temporary ("N") items?		Yes <u>X</u>	No <u> </u>
Is the County obligated to continue this program after the grant expires		Yes <u> </u>	No <u>X</u>
If the County is not obligated to continue this program after the grant expires, the Department will:			
a). Absorb the program cost without reducing other services		Yes <u> </u>	No <u>X</u>
b). Identify other revenue sources (Describe) Identify and apply for other funding		Yes <u>X</u>	No <u> </u>
c). Eliminate or reduce, as appropriate, positions/program costs funded by this grant		Yes <u>X</u>	No <u> </u>
Impact of additional personnel on existing space: *Current space will accommodate all indicated staff.			
Other requirements not mentioned above: **County Maintenance of Effort requirement remains.			

Department Head Signature_____

Date_____

1. DATE ISSUED: 03/01/2005		2. PROGRAM CFDA: 93.914		DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION  NOTICE OF GRANT AWARD AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Title XXVI, Section 2603b Public Health Service Act Section 2603(b), 42 U.S.C 300ff-13(b)					
3. SUPERCEDES AWARD NOTICE dated: <small>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.</small>									
4. GRANT NUMBER: 2 H89HA00016-15-00		5. FORMER GRANT NUMBER: BRH890016							
6. PROJECT PERIOD: FROM: 04/04/1991 THROUGH: 02/28/2006									
7. BUDGET PERIOD: FROM: 03/01/2005 THROUGH: 02/28/2006									
8. TITLE OF PROJECT (OR PROGRAM): HIV EMERGENCY RELIEF PROJECT GRANTS									
9. GRANTEE NAME AND ADDRESS: DEPT OF HEALTH SERVICES, COUNTY OF LOS ANGELES 600 SO COMMONWEALTH AVENUE FL 6TH LOS ANGELES, CA 90022-5152 UDS #				10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Charles L. Henry DEPT OF HEALTH SERVICES, COUNTY OF LOS ANGELES 600 S Commonwealth Ave FL 6th Los Angeles, CA 90005-4001					
11. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation <hr/> a. Salaries and Wages: \$ 0.00 b. Fringe Benefits: \$ 0.00 c. Total Personnel Costs: \$ 0.00 d. Consultant Costs: \$ 0.00 e. Equipment: \$ 0.00 f. Supplies: \$ 0.00 g. Travel: \$ 0.00 h. Construction/Alteration and Renovation: \$ 0.00 i. Other: \$ 0.00 j. Consortium/Contractual Costs: \$ 0.00 k. Trainee Related Expenses: \$ 0.00 l. Trainee Stipends: \$ 0.00 m. Trainee Tuition and Fees: \$ 0.00 n. Trainee Travel: \$ 0.00 o. TOTAL DIRECT COSTS: \$ 36,834,089.00 p. INDIRECT COSTS: (Rate: % of S&W/TADC) \$ 0.00 q. TOTAL APPROVED BUDGET: \$ 36,834,089.00 i. Less Non-Federal Resources: \$ 0.00 ii. Federal Share: \$ 36,834,089.00				12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE a. Authorized Financial Assistance This Period \$ 36,834,089.00 b. Less Unobligated Balance from Prior Budget Periods i. Additional Authority \$ 0.00 ii. Offset \$ 0.00 c. Unawarded Balance of Current Year's Funds \$ 0.00 d. Less Cumulative Prior Award(s) This Budget Period \$ 0.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$ 36,834,089.00 13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project) <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width:30%;">YEAR</th> <th>TOTAL COSTS</th> </tr> <tr> <td colspan="2" style="text-align: center;">Not Applicable</td> </tr> </table>		YEAR	TOTAL COSTS	Not Applicable	
YEAR	TOTAL COSTS								
Not Applicable									
14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash) a. Amount of Direct Assistance \$ 0.00 b. Less Unawarded Balance of Current Year's Funds \$ 0.00 c. Less Cumulative Prior Awards(s) This Budget Period \$ 0.00 d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$ 0.00									
15. PROGRAM INCOME SUBJECT TO 45 CFR PART 74, SUBPART F OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Additional Cost B=Deduction C=Finance Non-Federal D=Cost Sharing or Matching E=Other [A] Estimated Program Income: \$ 0.00									
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: <small>a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.</small>									
REMARKS: (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) Included in this award is \$2,426,513 specifically for the Minority Aids Initiative (MAI). <i>Electronically signed by Dorothy Kelley, Grants Management Officer on: 03/01/2005</i>									
17. OBJ. CLASS: 41.15, 41.51		18. CRS-EIN: 1956000927A1		19. FUTURE RECOMMENDED FUNDING:					
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUBPROGRAM CODE				
05-3770790	93.914	H89HA0016O	\$ 18,531,611.00	\$ 0.00	N/A				
05-3770791	93.914	H89HA0016O	\$ 18,302,478.00	\$ 0.00	N/A				

Terms and Conditions

Failure to comply with the special remarks and condition(s) may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Program Conditions:

1. Due Date: Within 90 days of Budget Start Date
 - a. A revised budget, SF 424A and narrative justification for Administration, Quality Management, Planning Council Support, Program Support, and Services reflecting FY2005 funding must be received for by the Division of Grants Management Operations (DGMO) for approval. Budget narratives must be prepared according to instructions in the 2005 Application Guidance. All contracts must be listed on the Contractual line on the SF424A, including all contracts for Administration, Quality Management, Planning Council Support, and Program Support. Budget and Narrative must be sent electronically. Grantee will incur costs at its own risk until this condition is satisfied and removed. (See Remark No.7).
 - b. The FY2005 Planned Allocation Table indicating the priority areas established by the Planning Council and the dollar amount of FY 2005 Title I funds allocated to each prioritized service category. Format for the table will be sent to all grantees. Use only the categories identified on the Table. The Table must be sent electronically. Also include a letter from the HIV Health Services Planning Council (PC) Chairperson/ co-Chairs indicating endorsement of the allocations and program priorities.
 - c. A complete FY2005 Implementation Plan which reflects all the service categories and priorities established by the Planning Council and reflected in your FY 2005 Planned Allocations Table. Minority AIDS Initiative (MAI) funds must be clearly identified. The Plan must be sent electronically.
 - d. A FY 2005 MAI Plan, the grantee must submit a plan for use of funds consistent with Title I MAI program guidelines. The plan must contain the following information specific to each service to be provided to each minority community: 1) the amount of funds budgeted for that service; 2) the type and total number of service units to be provided; 3) the number of infants, children, women and youth expected to be served as well as the total number of clients planned to be served; and 4) client-level outcomes expected to be achieved. The Plan must be sent electronically.
2. Due Date: Within 120 days of Budget Start Date
The grantee must submit to the following information:
 - a. The final FY 2004 Final Allocation Table. Format for the table will be sent to all grantees. The FY 2004 Final Allocation Tables must be sent electronically using the prescribed format.
3. Due Date: Within 150 days of Budget Start Date
A Contract Review Certification (CRC), for all contracted funds in Administration, Quality Management, Planning Council support, Program support, and HIV Services, and a consolidated list of contracts. A CRC for each provider/contractor is no longer required. A single CRC that covers all providers/contracts is required. Required format for the CRC and consolidated list of contracts will be sent to all grantees. This condition will not be satisfied until all grant funds are obligated.
 - a. The Consolidated List of Contracts, must include the name of the contractor/agency (use the name of the agency as it appears on the CRC); full address (NO PO box numbers); Tax ID; whether or not the contractor is a minority provider; whether or not clients are served directly; service type; amount of contract; and the overall total of the budgets submitted with the list. The CRC must be submitted electronically.
 - b. Contract Review Certification: Section B.1. of the Certification form refers to the administrative requirements for the entity (grantee or administrative agent) who conducted the RFP process, negotiated the budgets, and awarded the contracts (requires signature of the Grantee Program Director). Section B.2 refers to the cost principles applicable for the type of organization receiving Title I funds to provide services (requires signature of the Grantee fiscal representative). The Certification is to be signed by the grantee (not a contracted Administrative Agent). There must be scanned signatures of two different people in sections A and B. Do not use acronyms on the CRC.

The grantee will have, at a minimum, available for inspection by project officers or other HRSA officials, a copy of all contracts or formal agreements with sub grantees, the most recent program report for the respective sub grantee, the

most recent fiscal or audit report for sub grantees and site visit reports.

Program Terms:

1. Please note that there is a new document number each budget period that must be used to draw down and report the grant funds.
2. Foreign travel is not permitted.
3. The grantee may not use more than five (5) percent of the FY 2005 grant funds for administration, accounting, reporting, and program oversight. Indirect costs are considered administration
4. The amount available, in the aggregate, for first-line entities to spend on administrative costs is calculated by subtracting the grantee's administrative costs (up to 5%) and the grantee's quality management costs (up to 5% or \$3,000,000, whichever is less) from the total grant amount and multiplying the difference by 10%.
5. Requests to carry over unobligated funds from the prior budget period into this current award must be received no later than 10/01/ of this current calendar year.
6. The Grantee is required to notify the DGMO, within 30 days, of any changes in Planning Council Composition that impact legislative compliance with Reflectiveness or the 15 mandated membership categories . A letter signed by the Planning Council Chair(s) must be submitted assuring that 33% of the Council members are non-conflicted persons living with HIV Disease (PLWH) and are receiving Title I funded HIV-related services. In addition, the 33% PLWH Council members and the Council as a whole must accurately reflect the demographics of the epidemic in the EMA. Reflectiveness must be based on the prevalence of HIV Disease (AIDS Prevalence plus HIV Prevalence, real or estimated) in your EMA as reported in your FY2005 application. The notification and letter must be accompanied by revised tables or narrative describing compliance with Planning Council Composition and Reflectiveness.
7. Refer to Condition 1b. Subsequent revisions to the allocations must be submitted to the DGMO along with a letter from the Planning Council Chair(s).
8. MAI Funds may be used only for MAI activities. MAI Funds must be expended for the purposes identified by Congress.
9. WICY Waiver: If the grantee can document that one or more WICY priority populations are receiving HIV-related health services through the state Medicaid program under Title XIX of the Social Security Act, the State Children's Health Program (SCHIP) under Title XXI of the same Act, or other qualified federal or state programs in accordance with HRSA guidelines, then the grantee may request a waiver of the minimum WICY expenditure requirement from HRSA. Grantees approved for a WICY waiver do not have to report the amount of FY 2005 Title I funds used to provide services to WICY. (See DSS May 27, 2002 letter for specific waiver instructions.)
10. In accordance with Program Policy No. 97-03, grant funds may not be used for: 1.) outreach programs which have as their purpose exclusively, HIV prevention education, or 2.) broad-scope awareness activities about HIV services that target the general public (See HAB website www.hab.hrsa.gov for information on DSS Program policies).
11. If your organization purchases or reimburses for outpatient drugs, an assessment must be made to determine whether the organization's drug acquisition practices meet Federal requirements regarding cost-effectiveness and reasonableness (See 42 CFR Part 50, Subpart E, and OMB Circulars A-122 and A-87 regarding cost principles). If your organization is eligible to be a covered entity under Section 340B of the Public Health Service Act and the assessment shows that participating in the 340B Drug Pricing Program and its Prime Vendor Program is the most economical and reasonable manner of purchasing or reimbursing for covered outpatient drugs (as defined in Section 340B), failure to participate may result in a negative audit finding, cost disallowance or grant funding offset. (See Condition 5 above)
12. An annual final Financial Status Report (Standard Form 269), covering expenditures for the current budget period), must be received by the DGMO no later than May 31, of each year. Written approval must be obtained for late reports, however, extensions beyond 9/30 of each year will not be approved. The request for extension must be received no later than May 31, of each year. A final FSR may not include unliquidated obligations and must agree with the PMS SF 272 report of disbursements for the document number for the budget period being reported. Points for expenditures will not be given for FSRs received after 9/30/ of each year.
13. One copy of all Conditions and Reporting Requirements must be electronically submitted to the Division of Grants Management Operations (DGMO) using the e-mail address of the Grants Management Specialist listed below, concurrently with a electronic copy submitted to the Division of Service System (DSS) using the e-mail message

address of the Program Project Officer listed below. Both the original and copy must be submitted on the same date.

Standard Terms:

1. The HHS Appropriations Act requires that when issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds, including but not limited to State and local governments, shall clearly state the percentage of the total costs of the program or project which will be financed with Federal money, the dollar amount of Federal funds for the project or program, and percentage and a dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.
2. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) Illegal remunerations which states, in part, that whoever knowingly and willfully:

(A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR

(B) In return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or item

....For which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.
3. The HHS Appropriations Act requires that to the greatest extent practicable, all equipment and products purchased with funds made available under this award should be American-made.
4. Requests that require prior approval from the awarding office as indicated in 45 CFR Part 74.25 [Note: 74.25 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Grant Award] or 45 CFR Part 92.20 must be submitted in writing to the Grants Management Officer (GMO). Only responses signed by the GMO are to be considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the Health Resources and Services Administration.
5. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Financial Management Services, Program Support Center, which will forward instructions for obtaining payments. Inquiries regarding payment should be directed to: Payment Management, DHHS, P.O. Box 6021, Rockville, MD 20852, <http://www.dpm.psc.gov/> or Telephone Number: 1-877-614-5533.
6. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: Htips@os.dhhs.gov or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).
7. Submit audits, if required, in accordance with OMB Circular A-133, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 457-1551, (800)253-0696 toll free <http://harvester.census.gov/sac/facconta.htm>

Contacts:

Program Contact: For assistance on programmatic issues, please contact Johanne Messoré at:
Rm 7A-29

Division of System Services
5600 Fishers Ln
Rockville, MD 20857-0001
Phone: (301)443-2659
Email: Jmessore@hrsa.gov

Division of Grants Management Operations: For assistance on grants administration issues, please contact Susan Flickinger at:
Room 11-11
Division of Grants Management Operations, HRSA
5600 Fishers Ln
Rockville, MD 20857-0001
Phone: (301)443-3445
Email: sflickinger@hrsa.gov

Responses to reporting requirements, conditions, and requests for post award amendments must be mailed to the attention of the Office of Grants Management contact indicated above. All correspondence should include the Federal grant number (item 4 on the award document) and program title (item 8 on the award document). Failure to follow this guidance will result in a delay in responding to your request.